Date In: 25/2/2-17:14	Jeb description		Date &Time Completed	Done	pi.
Res No: MA / INCLOWIZES / Zy	SAS e-filing	PARTITION OF THE SA			
Veh No: PDIC 4001 P.	E-mail (within 8	hrs, AIC 2hrs)			
D.O.A: 25/12-19:30	i-Motor Clain	n Form	mallo 862/2001	28/2/20 17	:33
1	i-Motor W/O	(Within: OD 2hrs			
OD / TP ! Reporting Only	i-Photo Uploa	ded			
	Assessment/Sur	vey Report			
TP Insurer:	Ass't Report by	Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (	(		Tel:	Fax:	
TP Particulars: Veh No: 6	137786	. INC(	)/Non-INC( ).	4	
Owner / Driver: (			Tel:	)	States T
Policy No: ( )	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %	Note-Est. Status (W	O): N: 0-20	0%; P: 21-79%. F: 80-	100%]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
	31,000 ( )/\$2,000 (	)	020	Company of the Control of the Contro	
General Remarks			A CONTRACTOR STATE OF THE STATE	13.00	1
( ) Walk-In Customer : Customer's i			110 (107 mg/s) (20 mg/s) (30 mg/s)		
·		ndential & Sti	icuy NO rater di repatier.		
( ) Total Loss Case : to e-mail Ins		<u> </u>	* * * * * *	· <del></del>	
Drive-In ( )/ Towed-In ( ); Invo	pice: YES ( ) / No	O( );T	owing Co: (		)
temarks: (INC hotline: 6788 6616	3		Date& Time Completed	Done	by
	/ Courtesy Car ( )	200		A-152-1 A-1-	
2) QC Check / Post Repair Inspection	( )		***************************************		
C Check / Post Repair Inspection	( )				+200E00.ph
	( )			100	
	<b>\$3000]</b> ( )				
	\$3000] ( )				
) Upload Resurvey Photo [Repair Cost >	>\$3000] ( )				- <del> </del>
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Upload Resurvey Photo [Repair Cost >	\$3000] ( )			essencane.	
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Upload Resurvey Photo [Repair Cost >  Injury:  ate/Time Actions  Actions  imant's Particulars:-	•	1) AR : Accident 2) DA : Damage / 3) TF : Towing F	Reporting (\$30); Assessment (\$100); INC (\$	76 B III 580) 40/545	
Dupload Resurvey Photo [Repair Cost > Injury :  ate/Time   Actions  Actions  umant's Particulars :- ver/Owner:	•	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti	Reporting (\$30); Assessment (\$100); INC (\$200); Se	19:Bill 590) 40/545 \$120 \$30	
Injury:  Actions  Actions  imant's Particulars:- ver/Owner:	1	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming a	Reporting (\$30); Assessment (\$100); INC (\$30);  one Some Some Some Some Some Some Source (\$100); INC (\$30);  Assessment (\$100); INC (\$30);  Assessment (\$100); INC (\$30);  Assessment (\$100);  Assessment (\$10	15 Bill 580) 40/545 \$120 \$30 35)	
Injury:  Actions  Actions  Injury:  Inj	1	1) AR : Accident 2) DA : Damage . 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming a: 6) TR : Re-inspec	Reporting (\$30); Assessment (\$100); INC (\$30);  see \$50  rough Survey rrough Survey (Resurvey) roigh Survey (Resurvey) roigh Survey (Wef 10 Jan 200) tion	15:Bill 160/\$45 \$120 \$30 \$75	
Injury:  Actions  Actions  Injury:  Inj	•	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming a	Reporting (\$30); Assessment (\$100); INC (\$30);  The Survey (\$30); Assessment (\$100); INC (\$30); Assessment (\$100); INC (\$30); Assessment (\$100); A	15 Bill 580) 40/545 \$120 \$30 35)	
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Injury:  Onte/Time Actions  Injury:  Date/Time Actions  iver/Owner:  Intact No:  Checked by (Engr-In-Charge):	•	1) AR : Accident 2) DA : Damage . 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming a: 6) TR : Re-inspec 7) N1 : Idae DA . 8) NTUC Additio OD.*  *N5: Courtesy *N6: Repair C: *N7: Fost Rep.	Reporting (\$30); Assessment (\$100); INC (\$30);  see \$50  rough Survey (Resurvey)  rough Survey (Resurvey)  rainst INC Only (wef 10 Jan 200  tion  SMRT Survey  nal Services:-  Car / Tpt Allowance  pordination  in Inspection	\$80) 40/\$45 \$120 \$30 \$5) \$75 \$160 \$5 \$10 \$25	
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Injury:  Onte/Time Actions  Injury:  Date/Time Actions  iver/Owner:  Intact No:  Checked by (Engr-In-Charge):		1) AR : Accident 2) DA : Damage . 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming a: 6) TR : Re-inspec 7) N1 : Idac DA . 8) NTUC Additio OD.*  *N5: Courtesy *N6: Repair Co *N7: Fast Repi	Reporting (\$30); Assessment (\$100); INC (\$30); Assessment (\$100);	\$80) \$0/\$45 \$120 \$30 \$5) \$75 \$160 \$5 \$10 \$25 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30	

## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible, Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available
  aforesaid.

	ACCIDENT STATEMENT		
Date Of Report	28/02/2020 17:14		
Date Of Accident	25/02/2020 19:30		
Exact Location Of Accident	CLEMENTI WEST ST 2		
Country/State of Loss	SINGAPORE		
DI	ETAILS OF OWN VEHICLE		
/ehicle Registration Number	FBK4001P		
nsured/Policyholder			
Name Of Registered Owner	MOHAMED RABIK ATHAM ANSARI		
NRIC No	SXXXX619D		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-81136610		
Alternative Phone No	OFFICE-81136610		
Vehicle Particulars			
Manufacturer	DUCATI		
Model	848 EVO		
exact Purpose for which vehicle was being used at time of accident	PRIVATE USE		
Are you claiming under your own insurance policy or repair to your vehicle?	NO		
f No, Please state action to be taken	THIRD PARTY		
/ehicle Category	MOTORCYCLE		
nsurance Company			
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD		
ype Of Coverage	THIRD PARTY		
Fleet Policy	NO		
Policy Number	5113444424		
Cover Note Number			
Driver Control of the			
Name of Driver	DIVAKAR NADARAJAN		
NRIC No	SXXXX830B		

 NRIC No
 SXXXX830E

 Date Of Birth
 07/11/1993

 Occupation
 OUTDOOR

 Date Of Driving Pass
 26/09/2019

Driving Experience 0 YEAR AND 4 MONTH

Gender MALE

Mobile Number (LOCAL) +65-81136610

Fax Number

Contact Number OFFICE-81136610

EMail Address NOEMAIL

BLK 115 HO CHING ROAD Address

#06-100

610115 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

YES

2

NO

NO

1

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200226/7004.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

GBD5328C Vehicle Registration Number TOYOTA HIACE Vehicle Make/Model/Colour

**Details Of Properties** 

COMMERCIAL VEHICLE Vehicle Category

WILLIAM Name of Driver

NRIC/Passport Number

97763265 Contact Number

Address Postcode

Insurance Company Name

Page 2 of 23

# **DETAILS OF INJURED PERSON 1**

Name

DIVAKAR NADARAJAN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FBK4001P

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

## SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

VEHICLEA - FBK 4001P		
VEHICLE B - 6805328 C		
<b>1</b> →		->
	'কুব্ব	4
	1 V c	ARPARIC

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	PEFER	70	POLICE	REPORT	
				Walter and the second s	
i ii-					
_					

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# ACCIDENT STATEMENT

	CCIDENT DATE: 25, 02, 2020 (DD/MM/YY	
LC	OCATION: CLEMENTY NEST S	1. 2
	1. DETAILS OF VEHICLE	
	a VEHICLE NUMBER: FBK 4001 F	>
	DINSURANCE COMPANY: NTUC	
	C)POLICY NUMBER:	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD P.	ARTY / THIRD PARTY FIRE ATHEFT
	e)MAKE & MODEL:	and an arrive of the state of t
	f)TYPE: (SALOON / COUPE / MPV /VAN / LOR	RY / MOTORCYCLE DOTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMER	CIAL /MOTORCYCLE)
	h) PURPOSE OF USING AT ACCIDENT TIME:	
	1) ARE YOU CLAIMING UNDER YOUR OWN INS	SURANCE (YES ANO)
	IF NO. PLEASE STATE (HIRD PARTY CLAIM)	REPORTING ONLY]
	2. INSURED / POLICY HOLDER AINAME: DIVALAR MADAK	CATALL
	b)NRIC/FIN/PASSPORT: \$9343 830 B	
	CIADDRESS: BIK 115 HO CHING	
	(S) 610 115	+ KOAD # 06-100
100-10 TW-11	* CONTINUE TO 3.d IF DRIVER ALSO POLICY H	OLDER
* No of passena	3. DRIVER	SEDER
Conduding drive	a)NAME:	(MALE / FEMALE)
(1)	DJNKIC/FIN/PASSPORT:	CONTACT:
	c)ADDRESS:	THE PARENTAL METHOD AND THE PROPERTY OF THE PARENTAL PROPERTY OF THE PA
	* GID ATE OF BIDTILL (D.7 . 1) . 106.2	
	*dIDATE OF BIRTH: (07) 11 / 1993 HDD	/MM/YYYY)
	f) YEARS OF DRIVING EXPRERIENCE: 08	
19	4. WAS DRIVER AN EMPLOYEE OF THE INSUR	PED'S COMPANYS (VEC 1410)
	IF NO, RELATIONSHIP OF THE DRIVER WIT	TH INCLIDED. ON DOC
	5. a) WEATHER CONDITION: CLEAR / RAINING /	OTHERS
	b)ROAD SURFACE: (DRY ) WET / OTHERS	J
	WAS ANYBODY INJURED MEST NOT THE	
7	a) REPORTED TO POLICE (CES) NO)	CONTRACTOR REPORTS
	IF YES, PLEASE STATE WHICH POLICE STATION	The state of the s
File of persons	THIRD PARTY VEHICLE	Tolerto indust
that of passingsr	a) VEHICLE NUMBER: GBD 5328C	MODEL: 10YO/A HIACE
() 9	THIRD PARTY VEHICLE	CONTACT: 97763265/98382469
		MODEL
to the of passenger	a) DRIVER'S NAME:	MODEL:
. Including drive	ORIVER'S NAME:  f) NRIC/FIN/PASSPORT:	CONTACT
( )	00 M	CONTACT:
- Manager 1		
	22	

Omail =

10x =

VIDEO =





1 of 3

Report No. T/20200226/7004

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2020 01:53		lade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Particu	ulars			
Name of Informant: DIVAKAR NADARAJAN			Address: APT BLK 115 HO CHING ROAD #06-100 SINGAPORE 610115		
ID Type / ID No.: NRIC NO / S9343830B			Contact No.: Home/Office:	Mobile: 81136610	
National SINGAP	ity: ORE CITIZ	EN	Email: divakarn93@hotmail.com		
Sex: Age: Date of Birth: 07/11/1993			Type of Informant: Rider		
Race: Indian			Language: Institution / School Nat English		
Occupation: SAILOR			Driving Licence Information: Class: 2,3C  Date of Expiry:		

Type of	Injury	Drink	Date/Time of	Type of Location
Accident:	Others	Drive:	Accident: 25/02/2020 19:30	Straight Road
Location:		0.4.35%		
CLEMENTI W	VEST STREET 2			
Weather: Clear				
		Road Surface: Dry		Road Speed Limit: 0 Km/h
			5 T	

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
FBK4001P	Motorcycle	DUCATI	848 EVO	Red	Seriously Damaged	0	
GBD5328C	Van	TOYOTA	Toyota Hiace	Silver		0	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20200226/7004

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

#### CONTINUATION OF REPORT

Rider	SERVICE REPORT OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN				No.	THE REPORT OF
Name	DIVAKAR NADARAJAN			ID No	2	S9343830B
Related Vehicle	FBK4001P (Motorcycle)			Conta	ct No.	81136610
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL			Class Drivin Licend Expiry	g	Class: 2,3C Date of Expiry: NIL
Date Treatment	25/02/2020 Date Disc			scharge	25/02	2/2020
No. of Days gran	ted Medical Leave	05	Degree	of Injury	Serio	us

### Brief Details.

On 25/02/2019 at about 1930 hours I was riding my said bike along Clementi West Street 2. I was heading straight on a two way lane. As i was approaching the carpark, I noticed a Van (GBD5328C), coming out of the carpark, after the gantry, inching out over the stop sign, and eventually moving into my lane instead of moving forward before turning right. I was not able to stop in time, instead, I swirled towards the left and his vehicle knocked on the right side of my bike.

Therefore, I fell of my bike towards my left. The driver came out of the vehicle to check on me. However, I was still able to stand and move after awhile. There was ambulance at scene, however i was not conveyed by ambulance as we agree on private settlement. However awhile later, I was informed but the said driver that he would like to proceed with insurance claim instead. Hence, I proceeded down to NUH, A&E to seek my own medical treatment.

I was treated for outpatient, with several injuries and medical certificate for 5 days.





EBESO DESINANTE.

3 of 3

Report No. T/20200226/7004

## Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

#### CONTINUATION OF REPORT

Sketch Plan					
Informant is	not abl	e to	provide	sketch	plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/02/2020 01:53
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

Authentication Stamp

NP168



## Certificate of Insurance

Certi	incate of insurance
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPE	NSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPE	NSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959	(MALAYSIA)
Certificate Number : 5113444424	Cover : Third Party
1. Index mark and Registration Number of Vehicle	: FBK4001P
Chassis Number	: ZDMH602AABB017120
2. Name of Policyholder	: MOHAMED RABIK ATHAM ANSARI
<ol><li>Effective Date of Insurance</li></ol>	: 18 Oct 2019
Expiry Date of Insurance	: 17 Oct 2020
<ol><li>Persons or Classes of Persons entitled to drive#</li></ol>	
(a) Named Driver(s) Only.	
Provided that the person driving is permitted the Motor Vehicle or has been so permitted enactment or regulation in that behalf from	d in accordance with the licensing or other laws or regulations to drive and is not disqualified by order of a Court of Law or by reason of any driving the Motor Vehicle.
6. Limitations as to Use#	
	es and in connection with the Policyholder's business or profession.
This Policy does not cover	
(a) Use for hire or reward.	
(b) Use for racing, pace-making, reliability trial of	
(c) Use for the carriage of goods (other than sar	
(d) Use for any purpose in connection with the I	Motor Trade.
headings.	ansport Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1) : N/A	
EXCESS (SECTION 2) : N/A	
INSURE WITH COE : N/A	
	AMED RABIK ATHAM ANSARI
	KAR NADARAJAN
HIRE PURCHASE COMPANY : N/A SUM INSURED : N/A	
SUM INSURED : N/A	
I/We hereby Certify that the Policy to which this Cert Vehicles (Third Party Risks and Compensation) Act (C	tificate relates is issued in accordance with the provisions of the Motor Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
Agency : PEOPLES INSURANCE AG	SENCY PTE LTD (00000614852)
Date of Issue : 17 Oct 2019 17:36 hrs	1101 110 (00000014032)
17700020171301113	
	For NTUC INCOME INSURANCE CO-OPERATIVE LIMITEI
700	1 10
Nati	
	/- \
Countersigned By:	
Authorised Office	Chief Executive

Hello, NAC_PAYA_UBI_80	0601						Change	Language	+ Chan	ge Password	· Log Ou	
My Desktop	Policy Query											
Notice of Loss	Policy N	lo.		Date of Accident					5/02/2020 1			
	Vehicle	No.(For Motor)	FBK4001P			Certificate Number						
					E	Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5113444424		MOHAMED RABIK ATHAM ANSARI	S9675619D	GMC	Third Party	FBK4001P	FBK4001P	18/10/2019	17/10/2020	

Policy No.	5113444424	Policyholder Name	MOHAMED	RABIK ATHAM ANSAI	Policyholder NRIC	S9675619D	
Certificate No.							
Address	BLK 452 #05-154 JURONG WES	T STREET 42	SINGAPORE	640452			
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	17/10/2019	Effective Date	18/10/2019	00:00	Expiry Date	17/10/2020 23	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	PEOPLES INSURANCE AGENCY F	Agent Tel.	62630555		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
LINO.	older Mailing Address						
	loider mailing Address						
Policyh	BLK 452 #05-154	Addre	ss 2	JURONG WEST STR	EET 42	Address 3	SINGAPORE 640452
Policyh	5 CO 100	150000000	ss 2 ss Type	JURONG WEST STR	Zeriki (A)	Address 3 Post Code	SINGAPORE 640452 640452
	5 CO 100	Addre	ss Type d Policy		Zeriki (A)		
Policyh Address 1 Address 4 Unit No.	BLK 452 #05-154	Addre Relate	ss Type d Policy	Singapore address	Zeriki (A)		
Policyh Address 1 Address 4 Unit No.	BLK 452 ±05-154 04-223 d Object: FBK4001P	Addre Relate	ss Type d Policy	Singapore address	Zeriki (A)		

Claim Handling								
Accident MT/1086252	Properties		To a section of	110000				
olicy No.	5113444424		Vehicle No.	FBK400	10		GST Registration No.	
ertificate No.								
olicyhalder Name roduct Code	MOHAMED RABIK ATHAM ANSA	RI					Policyholder NR3C	\$9675619D
			Cover Type	Third Pa	irty		Loading	0
orkact No. (Mobile) 81136610  wai Address  FK			Contact No.(Office)	0			Contact No.(Home)	0
			Special Remark				eCode	No. V
			TCA	® № (	) Yes		eCode Reason	
D Protection No			NCD Entitlement(%)	0			Private Hire	No
P Accident Details								
port Date	28/02/2020 17:31		Accident Report Within 24 h	rs Yes			Accident Type	Collision - Major Minor Road
e of Accident 25/02/2020			Time of Accident hhimm	19:30			Country of Accident	Singapore
porting Centre			Orange Force				ICM No.	airqapore
cident Location	CLEMENTI WEST ST 2						icr no.	
Total Excess Applicable								
cess Type	Per Accident		Windscreen Excess					
110	Per Accident		minuscreen Excess					
Standard Excess	0.00	ř.	TP Standard Excess		0.00			
D OD Excess	0.00	6	YIED TP Excess		0.00		Driver is Covered?	Not Covered
ditional Excess					u ou		and the second second	THE SHEET OF
tal OD Excess Applicable	0.00		Total TP Excess Applicable		0.00			
Benefits	0.00		was in awass applicable		0.00			
GST Registered Inform	ation							
Market Control	90.0							
l'Registered L'Registration No.	No				ST Registration Date		****	
dification History				e.	ST Status Verified		Yes	
- I would be								
Policyholder Mailing Ad	dress							
			19000000	(SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	W117 2401 (P4004)		10780 G S S S S S S S S S S S S S S S S S S	
dress t	BLK 452 #05-154		Address 2		WEST STREET 42		Address 3	SINGAPORE 640452
Gress 4			Address Type	Singapor	e address		Post Code	640452
t No.	04-223		Related Policy Number	5113444	424			
OI Driver Info								
ver Name	DIVAKAR NADARAJAN		Oriver Type	Named C	rtvar			
named driver Name			Driver NR3C	5934383	108		Driver DOB	07/11/1993
pister Date of Driver License	26/09/2019		Driver Age	26			Driving Experience	0
stact No.(Mobile)	81136610		Contact No.(Office)	0			Contact No.(Home)	0
fress 1	8.X 115		Address 2	HO CHEN	IG ROAD		Address 3	CORPORATION COURT
Iress 4	SINGAPORE 610115		Address Type		e address		Post Code	610115
it No.	06-100		3,000,000	Sirigapor	4 400 444		Post Code	610115
es he own a Singapore								
gistered car?	○ Yes ® No		Driver Vehicle No.				Driver Insurer Company	
daration								
eathalyser or Slood Test				-				
ading?	D mg		Any injury?	® Yes (	No			
dification History								
0.04								
Claim 001 New								
-7	00-MX		Insured Name					[22222222
im Type •				MOHAME	D RABIK ATHAM ANSAL		Insured NRIC	\$967\$619D
tact No.(Mobile)	96475344		Contact No.(Home)	1			Contact No.(Office)	
el Address	ATHAMANSARJ@GMAIL.COM		OI Vehicle Number	FBK4001			TP Vehicle Number	G8D5328C
mant Type Claimant Type •	Please Select		Type of Benefit *	Please S	elect			
ment Name •		22	Claimant NRJC +					
ment Address							Ď.	
m Description	FBK4001P / GBD532BC ON 25 F	b 2020					Name of Preferred Worksh	nop
Ferred Workshop Contact			Tonical Claber 4	Date: 12 To			TOTAL PROPERTY.	
			Insured Liability *	Not at Fa				
uire Finalisation	Yes 🔻		Preferered Repair Option	Preferred	Workshop, Name unknown	V	GIA report	Received
e Registered	28/02/2020 17:33		Claim Close Date	S 15			Date Received	28/02/2020 00:00
ort Taken By	Jackson							Alternative and the second
Print AK letter								
				- 61				
MATERIA DE LA CONTRACTOR DE LA CONTRACTO				Seve S	bmit			
ttachment								
200								
ident No.	MT/1086252		Claim No.		001			
Doc. Received	● Yes ○ No		Upload Date		28/02/2020 17:35			
	Pach *						en anno anno anno anno anno anno anno an	2000/2
	rain *			Cold page	Category *	-		gency • Description
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			Brows	Cear	Please Select	¥	NO V Norm	ai V
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			Berruss		Prease Select		NO W Norm	a) [V]

